

One Bernard Baruch Way
Box D-901
New York, New York 10010-5586
Tel: 646.660.6700
Fax: 646.660.6701

For OOF Use Only	
Approval #	
Approval Date	

PURCHASE ORDER FORM

Please submit Purchase Order form electronically to SPA Purchase Orders for approval at
SPA.PurchaseOrders@baruch.cuny.edu
Allow up to one week for processing

Requested By: _____

SPA Unit: _____

Vendor Name: _____

Vendor Address: _____

Quote #: _____

Event Date, *if appropriate*: _____

Quantity	Expense Description	Amount
Total Quantity:		Total Amount: \$

Unit Director Approval: _____

OOF Approval: _____

REMARKS:
All units are to remit **original** invoices **including signature of acknowledgement** within five (5) business days of services to render payment. Please plan ahead and keep in mind that any monetary changes made after OOF approval is subject to payment and will be charged the full amount directly to unit's budget.
Remember we are tax exempt and all invoices should reflect a tax-free charge.